

REQUEST FOR GOOD CAUSE DETERMINATION

CLIENT'S NAME	CASE #:	DATE:
WELFARE TO WORK WORKER'S NAME	WORKER #:	PHONE #: ()

Returning this form is optional. You can still claim that you had a good reason ("good cause") for not meeting Welfare to Work rules if you do not return this form. Even if you do return this form, you must still call your Welfare to Work worker before your appointment OR go to the appointment to talk about your Welfare to Work participation problem. If you do not go to your appointment or call, your cash aid may be lowered if you do not give us enough information on this form to show us you had a good reason for not participating. The date, time, and place of your appointment are on the Notice of Action (NA 840) that the county sent to tell you about your participation problem.

Instructions: If you had a good reason for not doing what you were supposed to do in Welfare to Work, fill out this form. Give us any information you may have (for example, a doctor's note) to show us that you had a good reason. You can also tell us about your good reason by giving us the details in the section below.

After you fill out the form:

- 1) Make a copy of the form for you to keep; **AND**
- 2) Mail or take the form back to your Welfare to Work worker before the date of your appointment to discuss your participation problem; OR bring the completed form to the appointment.

If you have any questions, call your Welfare to Work worker.

_____, our records show that you did not:

- ☐ Sign the Welfare to Work plan on _____.
- ☐ Participate in _____ on _____.
- ☐ Make good progress in your _____ activity because _____.
- ☐ Accept a job at _____.
- ☐ Keep your job at _____.
- ☐ Keep the same amount of earnings.

Your cash aid will not be lowered if you had a good reason for not doing what we asked. Examples of good reasons are listed to the right.

You may have to give your worker more information to prove your reason.

If you do not have a good reason, your cash aid will not be lowered if you agree to a compliance plan and do what the plan says.

Good Cause Reasons:

Check all the reasons that apply to you. If your reasons are not on the list, you can check the last box and write in your reason.

- ☐ I was sick.
- ☐ My child or another member of my household was sick and needed my care.
- ☐ I did not have child care.
- ☐ I recently had a death in my family (spouse, parent, child, or close relative).
- ☐ I did not have transportation or money for gas.
- ☐ The round trip travel time would be more than:
 - two hours by bus or other public transportation
 - two miles round trip on foot
- ☐ Weather or other act of nature prevented travel.
- ☐ I need help with a learning disability, mental health impairment, domestic violence issue, or substance abuse problem.
- ☐ I am homeless or living in unstable, temporary housing.
- ☐ I had legal problems.
- ☐ I was in jail.
- ☐ I was working that day.
- ☐ I never got a written notice.
- ☐ I have language problems.
- ☐ Any other reason that you believe should be considered.
(Explain:)

Give us any details or information that will show us that you had a good reason for not participating._____

CLIENT'S NAME (PLEASE PRINT)	
CLIENT'S SIGNATURE	
CLIENT'S PHONE NUMBER	DATE